

ADULT HEAD INJURY SERVICE PROVIDER QUALIFICATIONS

Head Injury Services	Education & Experience Requirements	SHCN Enrollment & Documentation requirements *Send at time of SHCN enrollment *Retain as on-site documentation
Adjustment Counseling	An individual who holds a current Missouri license as a Professional Counselor, Psychologist, or Licensed Clinical Social Worker.	<input checked="" type="checkbox"/> Participation Agreement, <input checked="" type="checkbox"/> Agency Provider Application form, <input checked="" type="checkbox"/> Copy of current Missouri Professional Counselor, Psychologist or Clinical Social Work license, and <input checked="" type="checkbox"/> Letter from a present/former employer documenting one year of experience working with persons with brain injury OR certificate(s) of completion of 15 hrs. in-service training addressing: characteristics of TBI, family grief responses, behavioral techniques, compensation strategies, and knowledge of TBI programs.
Behavioral Assessment & Consultation	An individual who holds a current Missouri Psychologist or Psychiatrist license and has expertise in medical and behavioral management techniques with TBI OR An individual who holds a current Missouri Physician's license; one year of experience working directly with persons with brain injury, and expertise in medical management of conditions related to brain injury.	<input checked="" type="checkbox"/> Participation Agreement, <input checked="" type="checkbox"/> Agency Provider Application form, <input checked="" type="checkbox"/> Copy of current Missouri Psychologist/Physician's license, and <input checked="" type="checkbox"/> Letter from a present/former employer documenting one year of working directly with persons with brain injury.
Comprehensive Day Program	Interdisciplinary team of consistent personnel determined by participant's individual needs.	<input checked="" type="checkbox"/> Participation Agreement, <input checked="" type="checkbox"/> Agency Provider Application form, and <input checked="" type="checkbox"/> Copy of CARF accreditation in Brain Injury Community Integrative Programs, or Medicaid certification for Comprehensive Day Program

Neuropsychological Evaluation and Consultation	An individual who holds a current Missouri license as a Psychologist, specializing in Neuropsychology, and one year of experience working directly with persons with brain injury	<input checked="" type="checkbox"/> Participation Agreement, <input checked="" type="checkbox"/> Agency Provider Application form, <input checked="" type="checkbox"/> Copy of current Missouri Psychologist's license, and <input checked="" type="checkbox"/> Letter from present/former employer documenting specialty in neuropsychology and one year of experience working directly with persons with head injury
Occupational Therapy Evaluation & Treatment	An individual who holds a current Missouri license as an Occupational Therapist	<input checked="" type="checkbox"/> Participation Agreement, <input checked="" type="checkbox"/> Agency Provider Application form, <input checked="" type="checkbox"/> Copy of current Missouri Occupational Therapy license, and <input checked="" type="checkbox"/> Letter from a present/former employer documenting one year of experience working directly with persons with brain injury
Occupational Therapist Assistant	An individual who holds a current Missouri license as a Certified Occupational Therapist Assistant	<input checked="" type="checkbox"/> Participation Agreement, <input checked="" type="checkbox"/> Agency Provider Application form, <input checked="" type="checkbox"/> Copy of current Missouri Occupational Therapist Assistant license, and <input checked="" type="checkbox"/> Supervisor of this individual must be enrolled as a provider with SHCN
Physical Therapy Evaluation & Treatment	An individual who holds a current Missouri license as a Physical Therapist	<input checked="" type="checkbox"/> Participation Agreement, <input checked="" type="checkbox"/> Agency Provider Application form, <input checked="" type="checkbox"/> Copy of current Missouri Physical Therapy license, and <input checked="" type="checkbox"/> Letter from a present/former employer documenting one year of experience working directly with persons with brain injury
Physical Therapist Assistant	An individual who holds a current Missouri license as a Physical Therapist Assistant	*Participation Agreement, <input checked="" type="checkbox"/> Agency Provider Application form, <input checked="" type="checkbox"/> Copy of current Missouri Physical Therapist Assistant license, and <input checked="" type="checkbox"/> Supervisor of this individual must be enrolled as a provider with SHCN

<p>Pre-Vocational/Pre-Employment Training</p> <ul style="list-style-type: none"> • Facility • Supervisor • Direct Care Worker 	<p><u>Facility</u></p> <p>Facility must have a formalized relationship with DVR and/or other local employment agencies; must have documented policies and procedures in place to safeguard the safety and well-being of the participants served</p> <p><u>Supervisor</u></p> <p>An individual who holds a bachelor's or graduate degree in Vocational Rehab Services and has one year of experience working with persons with brain injury on employment issues</p> <p>OR</p> <p>An individual with a degree in Rehab Services, Rehab Counseling, Social Work, Education or Special Education with at least 2 years experience working with persons with brain injury on employment issues.</p> <p><u>Direct Care Worker</u></p> <p>An individual who holds a high school diploma or GED and within six months of employment, has completed training in the Primary Skills from the Direct Care Worker Competency List, including all six domains.</p> <ul style="list-style-type: none"> • General Overview • Working with the Consumer in His/Her Environment. • Professional Role and Job Skills of the Direct Care 	<p><u>Facility</u></p> <ul style="list-style-type: none"> * Participation Agreement, * Agency Provider Application form, * Letter from DVR or local employment agency, and * Copy of CARF accreditation in Employment and Community Services <p><u>Supervisor</u></p> <ul style="list-style-type: none"> ** Copy of bachelor's or graduate degree in Vocational Rehab Services, and ** Letter from a present/former employer documenting one year of experience working directly with persons with brain injury on employment issues OR ** Copy of bachelor's or graduate degree in Rehab Services, Rehab Counseling, Social Work, Education or Special Education, and ** Letter from a present/former employer documenting two years experience working directly with persons with brain injury on employment issues. <p><u>Direct Care Worker</u></p> <ul style="list-style-type: none"> ** Copy of high school diploma or GED certificate, and ** Training record(s) documenting completion of Primary Skills within 6 months of employment. ** After first year of employment: certificate documenting five hours job-related continuing education
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	<p>Worker</p> <ul style="list-style-type: none"> • Learning About Community Resources • Safety and Welfare of the Consumer • Policies of the Direct Care Workers Organizational System <p>See Appendix A (Direct Care Workers Competency)</p>	
Socialization Skills Training	An individual with a bachelor's degree in Recreational or Occupational Therapy, Psychology, Education, Special Education, or Social Work	<p>* Participation Agreement,</p> <p>* Agency Provider Application form,</p> <p>** Copy of bachelor's degree in Recreational or Occupational Therapy, Psychology, Education, Special Education, or Social Work, and</p> <p>** Letter from present/former employer documenting one year of experience working directly with persons with brain injury</p>
Special Instruction	An individual with a bachelor's or graduate degree in Education or Special Education; one year of experience working directly with persons with brain injury	<p>☒ Participation Agreement,</p> <p>☒ Agency Provider Application form,</p> <p>☒☒ Copy of bachelor's or graduate degree in Education or Special Education, and</p> <p>☒☒ Letter from present/former employer documenting one year of experience working directly with persons with brain injury</p>
Speech/Language Therapy Evaluation & Treatment	An individual who holds a current Missouri license as a Speech Therapist	<p>☒ Participation Agreement,</p> <p>☒ Agency Provider Application form,</p> <p>☒☒ Copy of current Missouri Speech Therapy license, and</p> <p>☒☒ Letter from a present/former employer documenting one year of experience working directly with persons with brain injury</p>
Supported Employment/Follow	<p><u>Facility</u></p> <p>Agency that provides specialized</p>	<p><u>Facility</u></p> <p>* Participation Agreement,</p>

<p>Along</p> <ul style="list-style-type: none"> • Facility • Supervisor • Direct Care Worker 	<p>vocational support services for persons with disabilities.</p> <p><u>Supervisor</u></p> <p>An individual who holds a bachelor's or graduate degree in Vocational Rehab Services and has one year of experience working with individuals with brain injury on employment issues</p> <p>OR</p> <p>An individual with a degree in Rehab Services, Rehab Counseling, Education or Special Education with at least 2 years experience working with persons with brain injury on employment issues.</p> <p><u>Direct Care Worker</u></p> <p>An individual who holds a high school diploma or GED and within six months of employment, has completed training in the Primary Skills from the Direct Care Worker Competency List, including all six domains.</p> <ul style="list-style-type: none"> • General Overview • Working with the Consumer in His/Her Environment. • Professional Role and Job Skills of the Direct Care Worker • Learning About Community Resources • Safety and Welfare of the Consumer • Policies of the Direct Care Workers Organizational 	<p>* Agency Provider Application form,</p> <p>* Letter documenting affiliation with DVR, and</p> <p>* Copy of CARF accreditation in Employment and Community Services</p> <p><u>Supervisor</u></p> <p>** Copy of bachelor's or graduate degree in Vocational Rehab Service, and</p> <p>** Letter from a present/former employer documenting one year of experience working directly with persons with brain injury on employment issues OR</p> <p>** Copy of bachelor's or graduate degree in Rehab Services, Rehab Counseling, Education or Special Education, and</p> <p>** Letter from a present/former employer documenting two years of experience working directly with persons with brain injury on employment issues.</p> <p><u>Direct Care Worker</u></p> <p>** Copy of high school diploma or GED certificate, and</p> <p>** Training record(s) documenting completion of Primary Skills within 6 months of employment.</p> <p>** After first year of employment: certificate documenting five hours job-related continuing education</p>
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	<p>System</p> <p>See Appendix A (Direct Care Workers Competency)</p>	
<p>Transitional Home & Community Support</p> <ul style="list-style-type: none"> • Supervisor • Direct Care Worker 	<p>Agency that provides specialized home and community-based assistance to persons with disabilities.</p> <p><u>Supervisor</u></p> <p>An individual who holds a bachelor's or graduate degree in Occupational Therapy, Social Work, Psychology, Rehab Counseling, Counseling, Rehab Services, Education and Special Education and one year of experience working with persons with brain injury</p> <p><u>Direct Care Worker</u></p> <p>An individual who holds a high school diploma or GED and within six months of employment, has completed training in the Primary Skills from the Direct Care Worker Competency List, including all six domains.</p> <ul style="list-style-type: none"> • General Overview • Working with the Consumer in His/Her Environment. • Professional Role and Job Skills of the Direct Care Worker • Learning About Community Resources • Safety and Welfare of the Consumer 	<p>* Participation Agreement,</p> <p>* Agency Provider Application form,</p> <p><u>Supervisor</u></p> <p>** Copy of bachelor's or graduate degree, and</p> <p>** Letter from a present/former employer documenting one year of experience working directly with persons with brain injury</p> <p><u>Direct Care Worker</u></p> <p>** Copy of high school diploma or GED certificate, and</p> <p>** Training record(s) documenting completion of Primary Skills within 6 months of employment.</p> <p>** After first year of employment: certificate documenting five hours job-related continuing education</p>

	<ul style="list-style-type: none"> • Policies of the Direct Care Workers Organizational System <p>See Appendix A (Direct Care Workers Competency)</p>	
Transportation	Agency that has experience with persons with disabilities	<p>*Participation Agreement,</p> <p>*Agency Provider Application form, and</p> <p>**List of standards for transporting clients that protect the safety and well-being of clients</p> <p>** List of direct service personnel trained in CPR/First Aid, Emergency Procedures, Characteristics of TBI, Behavioral techniques effective for persons with TBI.</p>